



Alaa H. Hermis

# Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is a chronic functional disorder characterized by recurrent abdominal pain associated with disordered bowel movements, which may include diarrhea, constipation, or both.

# Pathophysiology

IBS results from a functional disorder of intestinal motility. The change in motility may be related to neuroendocrine dysregulation, especially changes in serotonin signaling, infection, irritation, or a vascular or metabolic disturbance. The peristaltic waves are affected at specific segments of the intestine and in the intensity with which they propel the fecal matter forward.

# Clinical Manifestations

1. The main symptom is an alteration in bowel patterns:
  - Constipation (classified as IBS-C).
  - Diarrhea(classified as IBS-D).
  - Combination of both (classified as IBS-M for“mixed”).
  - The few patients with IBS who do not fit any of these three categories of IBS-C, IBS-D, or IBS-M, are classified as IBS-U for “unknown.”

# Clinical Manifestations Cont.

## 2. Pain



## 3. Bloating.



# Clinical Manifestations Cont.

## 4. Abdominal distention



5. **Other symptoms** , include: feeling quickly full after eating , heartburn , migraine headaches, anxiety, and depression.

# Risk factors

- **Young patient** . IBS tends to occur in people under age 45.
- **Female** . Overall, about twice as many women as men.
- **Family history of IBS**. Studies suggest that people who have a family member with GI problems.
- **Psychological problems** ( Anxiety, depression).

# Assessment and Diagnostic Findings

- The clinical manifestations of IBS must be present sometime during the last 3 months with onset for at least 6 months prior to diagnosis.
- These manifestations include recurrent abdominal pain for at least one day weekly that is associated with 2 or more of the of following :



# Assessment and Diagnostic Findings Cont.

- Abdominal pain related to defecation.
- Abdominal pain associated with a change in frequency of stool.
- Abdominal pain associated with a change in form/appearance of stool.
- The few patients with IBS who do not fit any of these three categories of IBS-C, IBS-D, or IBS-M, are classified as IBS-U for “unknown.”

## Assessment and Diagnostic Findings Cont.

- CBC and C reactive protein or fecal calprotectin can rule out IBD .
- Patients who may have IBS-D or IBS-M, as well as serologic tests for celiac disease .
- Stool studies and colonoscopy may be performed to rule out other colon diseases (e.g., colorectal cancer, colitis).

# Medical Management

**1. Lifestyle modification**, including stress reduction, ensuring adequate sleep, and instituting an exercise regimen, can result in symptom improvement.

## **2. Nutritional management**

❖ The introduction of soluble fiber (e.g., psyllium) to the diet is important to IBS management.

# Medical Management

- ❖ Restriction for some food, types of food are acting as irritants (e.g., beans, caffeinated products, corn, wheat, fried foods, alcohol and spicy foods,)

## 1. Medication

- Treatments for IBS depend on the predominating symptoms but may include:
  - ❖ **Antispasmodics** – which help reduce abdominal (stomach) pain and cramping.

# Medical Management

- ❖ **Laxatives** – which can help relieve constipation.
- ❖ **Antidiarrheal agents** – which can help relieve diarrhea.
- ❖ **Antidepressants** – to treat depression.
- ❖ **Complementary medication**, peppermint oil.

OXFORD

# Nursing Management

Haniyatun Nisakir  
Khalijah Lim  
Faridah Hashim  
Zahrah Saad



# Nursing diagnosis

Based on the assessment data, the patient's major nursing diagnoses may include the following

1. Alteration in bowel patterns related to constipation and /or diarrhea.
2. Acute pain related to abdominal muscle spasms.
3. Imbalance nutrition :less than body requirements related to altered absorption of nutrition.

# Nursing intervention

## Improvement bowel patterns.

- People with diarrhoea should avoid an artificial sweetener found in sugar- sweets (including chewing gum) and drinks.
- People with constipation should increase high-fibre food (such as breads, cereals high in bran, and whole grains such as brown rice).
  - Give the medication , Laxatives for constipation and antidiarrheal agents for diarrhea .



# Relive Abdominal pain.

1. Stress management via relaxation techniques, cognitive-behavioral therapy, yoga, and exercise can be recommended .
2. The nurse emphasizes and reinforces good sleep habits and good dietary habits (e.g., avoidance of food triggers).
3. Alcohol use and cigarette smoking are discouraged.

# Balance Nutrition

- Patients are encouraged to eat at regular times and to avoid food triggers.
- Avoid missing meals or leaving long gaps between eating.
- Drink at least eight cups of fluid per day.
- Fluid should not be taken with meals because this results in abdominal distention.
- Have regular meals and take time to eat.
- Restrict tea and coffee to three cups per day.

THANK  
YOU